AMA Victoria's submission to the Victorian Auditor-General's Office Audit on Bullying and Harassment in the Health Sector

14 August 2015

The Australian Medical Association (Victoria)

AMA Victoria welcomes the opportunity to provide input into VAGO's Audit on bullying and harassment in the health sector.

AMA Victoria condemns all forms of harassment, discrimination and bullying. There must be a zero tolerance approach to such behaviour.

The extent of bullying in the health sector

There is ample evidence to suggest that the issue of bullying and harassment is a large problem. Surveys have found that over 50% of Australian junior doctors experienced bullying in their clinical attachments, with the bullying most likely to be from a supervisor.[1] Investigations into Camden and Campbelltown hospitals, The Canberra Hospital, King Edward Memorial Hospital,[2] Bundaberg Hospital,[3] and the Garling Report[4] also uncovered significant problems with bullying behaviour among senior staff. Successive NSW Health investigations into North Shore Hospital have suggested that bullying was endemic throughout the hospital.[5]

The culture of workplace bullying and harassment is not unique to the Australian health sector.[6] International studies, in particular in the United States and United Kingdom, suggest disturbingly high levels of bullying, discrimination and mistreatment at all levels in the medical profession from application to medical school to examination success, job application, and the allocation of distinction awards to consultants.[7]

In March 2015 AMA Victoria undertook a survey of junior doctors[8] working in hospitals. This survey found that (over the previous 12 months):

- 27% of respondents said they had experienced bullying (repeated, unreasonable behaviour from colleagues or supervisors that creates a risk to health and safety)
- 9.4% of respondents said they had experienced sexual harassment (any unwelcome conduct of a sexual nature)
- 36% of respondents said they had experienced a perceived inability to raise issues of concern without recrimination.

The survey also found that of those in specialist College training programs (over the past 12 months):

- 12.7% of respondents said they had experienced bullying and harassment within their College training program
- 3.2% of respondents said they had experienced sexual harassment in their College training program

[1] Rutherford, A & Rissel, C. (2004) A survey of workplace bullying in a health sector organisation, *Australian Health Review*, vol. 28, no. 1; Scott, J., Blanshard, C. & Child, S. (2008) Workplace bullying of junior doctors: a cross-sectional questionnaire survey, NZMJ Digest, Vol. 121, No. 1282.

[2] Faunce, T., Bolsin, S. (2004) Three Australian whistleblowing sagas: lessons for internal and external regulation, *MJA* 181: 1, pp. 44-47.

[3] Queensland Public Hospitals Commission of Enquiry (2005). Queensland Government, Brisbane.

[4] Garling, P. (2008) Final Report of the Special Commission of Inquiry- Acute Care Services in NSW Public Hospitals, Office of the Governor, Sydney.

[5] NSW Parliament, Joint Select Committee (2007) Report on inquiry into the Royal North Shore Hospital, Sydney NSW.

[6] Royal Australasian College of Surgeons (2008) Bullying and Harassment: Recognition, Avoidance and Management.

[7] The Japan Institute for Labour Policy and Training (2013) Workplace Bullying and Harassment: JILPT Seminar on Workplace Bullying and Harassment; Quine, L. (2002) Workplace bullying in junior doctors: questionnaire survey, *BMJ* 2002; 324; Woodrow, S.I., Gilmer-Hill, H. & Rutka, J.T. (2006) The Neurosurgical Workforce in North America: A Critical Review of Gender Issues, *Neurosurgery*, vol. 59, no. 4.

[8] Junior doctors will be referred to as Doctors in Training (DiTs)

- 19% of respondents said they were unable to raise issues of concern without fear of retribution in their College training programs.

These figures were in line with results from a survey undertaken in New South Wales using the same survey questions.

The issues and experiences of bullying and harassment are not unique to young doctors. Bullying and harassment is experienced by all doctors at all levels of their career. Often, where this inappropriate behavior occurs, it is directed towards doctors from those outside the profession such as hospital administration or nursing staff.

The serious problem of bullying and harassment in the health sector must be addressed as a matter of urgency. It is well recognised that continued exposure to bullying can cause both psychological harm and physical illness.[9] Workplaces where staff are happier are associated with better patient outcomes, improved quality and reduced adverse events.[10]

Responsibility

It is incumbent on Health Services to make their employees aware of the relevant laws, workplace policies, community expectations, and codes of conduct (such as AMA Victoria's Code of Ethics).

Ignorance is not an excuse. The onus lies with the individual.

Our members have also expressed a concern that robust policy and protocols alone do not always effect change. Defining what constitutes acceptable, respectful behaviour and education should be embedded in the undergraduate curriculum and beyond. Ways to counter and challenge unacceptable remarks and behaviour across the whole spectrum of severity are required.

A zero tolerance approach is integral to bringing about change.

AMA Victoria's Survey provided some anecdotal examples of unacceptable behavior including:

- "Consultants snapping or losing it during surgery. Yelling at trainees during surgery in operating theatres. Not a conducive environment for teaching."
- "A refusal by senior staff to address issues related to equity of access within training once those issues have been raised. E.g. I was advised to quit and find another job if I wanted more (any) access to theatre time."
- "Told by a consultant that I wasn't allowed to go to the toilet and had to ask permission in front of a whole room of people to do so."

In situations where there are clear power structures, incidences of bullying and harassment can be high, while the reporting of concerns can be low. Bullying can be sustained where there is a substantial power imbalance between supervisors and trainees. The imbalance arises because of:

[9] Hutchinson, M., Vickers, M., Jackson, D., & Wilkes, L. (2006). Workplace bullying in nursing: towards a more critical organisational perspective. *Nursing inquiry*, *13*(2), 118-126.

[10] Schwartz, Richard W., and Thomas F. Tumblin. "The power of servant leadership to transform health care organizations for the 21st-century economy." *Archives of Surgery* 137, no. 12 (2002)

- Highly competitive training programs;
- Typically one-year employment contracts requiring a constant search for a job and a lack of security,
- A reliance on (potentially subjective) assessment; and
- A need to gain references.

Feedback received through our DiT survey showed that gender discrimination and bullying is particularly prevalent when it comes to accommodating family commitments. Several responses detailed discrimination related to pregnancy and returning to work following parental leave. Discrimination also extended to those who had ongoing family commitments such as being a primary carer for young children, partners or parents. The lack of flexible working options make it hard to meet these commitments, even for those as simple as picking children up from day care before closing time.

There is an overwhelming perception that having parental responsibilities will negatively impact your medical career. This must change.

A recent meeting of female members of AMAV has highlighted the special issues for women around gender bias in which their reproductive choices are still openly questioned with implications and assumptions made around their commitment to training and work.

Reporting of bullying and harassment

Victims of discrimination, bullying and sexual harassment must never be made to feel like they have caused or deserved such behaviour.

The majority of doctors will not report issues of bullying or harassment for fear that it will negatively affect their careers and the careers of others including the perpetrator. Further barriers to challenging or reporting sexual harassment in particular are a reluctance to be seen as "unable to take a joke". For more serious incidents of sexual harassment the victim may feel unable to begin a formal complaint reporting process without an independent and confidential means to disclose the experience. This means that, on paper, it may look like there is not a significant problem in the sector because there will be no formal reports available from HR departments to review.

Our DiT survey found that barriers to reporting included direct recrimination from supervisors (receiving bad reports or having access to training and experience blocked), as well as threats from Health Services' HR departments that "trouble-makers" won't be offered contracts in the following year.

The increasing competition to get into training programs is also a deterrent to raising concerns. Reporting issues, no matter how serious, is often seen as a career-limiting move or as weak because doctors should be able to just "suck it up".

Our DiT survey found that 31% of respondents were not aware of their employer's reporting/complaint process. Responses included:

- "Poor bullying response: I have attempted to alert senior staff to the presence of bullying in my team (not directed at myself)."
- "There was no clear pathway for managing my concerns and I had to present to the head of department, which was highly intimidating. These concerns were downplayed, despite reports from multiple individuals, and inadequately

addressed both in terms of supporting the victim and managing the perpetrator - each received a single phone call only."

Underreporting and an employer's failure to reprimand and bring about change are two significant barriers to stopping discrimination, bullying and harassment. This needs to change. Hospitals are responsible for workplace issues and there needs to be appropriate complaint mechanisms.

Recommandations

1. Education

AMA Victoria recommends that doctors (including Fellows) undertake specific training that details the law, acceptable (and required) workplace behaviour, codes of conduct, and also the negative impact that discrimination, bullying and harassment can have on an individual. Feedback from our female members recommends the inclusion of gender issues throughout both undergraduate and postgraduate training. Education will lead to change.

AMA Victoria further recommends that such training is a part of continuing medical education (CME) / maintenance of professional standards (MOPS) requirements. This training should be mandatory for all doctors.

Employers are responsible for the behaviour of their employees and should play a role in assisting Colleges with this training. Employers will (or at least should) know what behaviour is occurring, and what needs to stopped.

Compliance needs to be a focus of both the College and the hospital. Compliance should include regular monitoring by the College and mandatory refresher courses for doctors.

2. Reporting mechanisms and compliance

There must be a safe, confidential avenue in which doctors can talk about their experiences without fear of repercussion. The process involved in the reporting of issues or concerns needs to be thorough and considerate of those involved. Our own member feedback suggests that issues around sexual harassment and gender bias may require different pathways of reporting and further research may be required to address this in the context of Australian culture.

Ultimately, doctors who are subjected to any form of discrimination, bullying or harassment need to feel safe in order to report their concerns; they need to feel that they will be believed, supported and that they will not be victimised.
Reporting procedures in Health Services and in Colleges must:

- Allow the person subjected to the behaviour to have a voice;
- Be non-judgemental;
- Be professional with proper documentation;
- Be supportive of both parties;
- Be confidential;
- Provide a confidential complaints process for sexual harassment

- Protect the privacy of those involved; and
- Take a proportional response.

In order to effect cultural change and take a zero tolerance approach, all incidents, even those deemed minor, should be reported. Inappropriate behaviours should be identified and modified early, before they escalate and cause severe distress.

If a complaint is made, an investigation needs to occur. Once a finding is made appropriate action based on the finding must be taken. Protocols will need to be developed to ensure the transfer of this information can take place.

AMA Victoria encourages the establishment of Health Service and College self-reporting standards on incidents, complaints, training and compliance programs. Those entities that do not self-report should be questioned, while those that are performing well will be encouraged to do better. Those aiming to improve will have access to data and be able to learn from others about what systems work.

3. Transparency

Increasing numbers of graduates competing for limited training positions has led to junior doctors accepting the unacceptable. It is a common-held view that if you make a complaint you will lose your position and/or be blacklisted from the training program. Removing these perceptions and creating a system that is transparent and based on open and clear KPIs will assist in breaking down the current barriers, which prohibit doctors from making complaints.

4. Flexibility

The current training system is very rigid and does not accommodate alternative options. More flexible training programs are required to allow trainees to undertake the program in ways that allow them to balance their personal responsibilities with their professional lives. Parental leave and part-time training must be seen as an acceptable part of the career path for doctors both female and male.

4. Equipping senior doctors with the right skills to teach

Any doctor taking on supervision, mentoring and teaching responsibilities needs to be taught how to do so. In most other professions, a minimum Certificate IV in Training and Assessment is required before you can teach or supervise others. Doctors should be subjected to similar requirements before assuming supervision and teaching responsibilities. Doctors taking on mentor roles must also be appropriately supported to ensure they are able to provide meaningful advice and support to those they are mentoring.

The need for training is not new. *The Ministerial Review of Victorian Public Health Medical Staff* of 30 November 2007 recommended:

> *That a comprehensive leadership program be established for clinicians and managers at all levels of the system. This program should identify, train, nurture, and mentor sufficient leaders to match the requirements of the health system and include personality profiling and sensitivity training and substantial content on negotiating skills, mentoring and coaching, conflict resolution, group dynamics and management styles.*

This same report made clear that senior medical staff required support from their public hospital in the form of time, administration, infrastructure and data collection in order to carry out the role of senior clinician in an acute environment.

5. Supportive environments

Medicine is a stressful and highly demanding job. Health Services and Colleges must ensure that their employees and members are appropriately supported throughout their career.

Strong and effective leadership in healthcare is vital and is important for patient safety.[11] Positive work environments provide a workplace that is supportive and encouraging for staff and can increase effectiveness and productivity and improve overall staff morale. In healthcare settings this can lead to reduced risk, lower adverse events and better overall patient outcomes.[12]

To effectively address the issues of bullying and harassment in the health sector there are a number of changes that need to be made to training, teaching, reporting, workplace and College environments and overall workplace culture.

AMA Victoria's recommendations should be acted on to facilitate change and improve working conditions for all health professionals.

[11] Künzle, B., Kolbe, M., & Grote, G. (2010). Ensuring patient safety through effective leadership behaviour: a literature review. *Safety Science*, *48*(1), 1-17.

[12] Purdy N, Laschinger H, Finegan J., Kerr M, Olivera F, Effects of work environments on nurse and patient outcomes, *Journal of Nursing Management*, Volume 18, Issue 8, November 2010, p902